

DEPARTMENT OF DEFENSE

MANPOWER DATA CENTER 400 GIGLING ROAD SEASIDE, CA 93955-6771

AUTHORIZATION TO DISCLOSE INFORMATION FORM

In accordance with Title 5, Section 552(a), of the United States Code (1974 Privacy Act), I authorize the Defense Manpower Data Center (DMDC) and the DMDC Support Office (DSO) to disclose information from my Defense Enrollment Eligibility Reporting System (DEERS) record to a third party recipient as I designate below.

I authorize			
	(Print or type name of authoriz	ed person)	
Address			
City, State ZIP			
Phone Number			
I also authorize the de	esignated third party to request up	odates or corrections to my DEERS rec	ord.
Please circle one:	YES	NO	
This consent is valid	(select one) INDEFINITELY	WILL EXPIRE ON	_•
Howev	/er, I reserve the right to withdra	w this authorization at any time to the	
extent that DMDC an	d DSO have not already acted up	oon it. If not previously revoked, or if the	he
above section is left b	lank, the authorization will rema	in valid indefinitely.	
Signature		Date	
(Perso	n giving consent)		
(Sponsor Identification	on Number)		
Please return the co	mpleted form by mail to:	DMDC Support Office 400 Gigling Road Seaside, CA 93955-6771	

You may also fax the form to the DMDC Support Office at (831) 655-8317.